To a manufacture of the PTIMO	<b>O</b> 79		
FOR INSTRUCTIONS, SEE BACK OF FORM HICE	S AMD	FORM	STATEMENT
	LOSTIRE	DR-1	OF
This is an Initial* Statement of Organization PM 7.8.0	Reset Form	(Rev. 04/2008)	ORGANIZATION
☐ This is an amended* Statement of Organization       Q	AM IO: IO	For Office Use	
"An Initial Statement of Organization must be filed within 10 days of the com	mittee's accepting contributions	Comm. #	CHIV
making expenditures, or incurring indebtedness exceeding \$750. Amendme	ents must be filed within 30 days of	Indexed	***
a change. Penalties may be imposed for late-filed Statements of Organizati	on. A candidate with an open	Audited	
committee that exceeds \$750 in activity for another office shall file within 10 DR-1 disclosing information concerning the campaign for the new office sou	days either a new or amended	Computer	
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.)			
Fletcher for Auditor.			
IMPORTANT: Indicate type of committee you are reporting for:			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County County County			
{ 5 )County Candidate { 6 )City Candidate { 7 )School Board or Other Political Subdivision Candidate { 8 )County PAC { 6 )City PAC			
(10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (manda	tory except for a	candidate's committee)
Name + Shawna Fletcher	Name + + -	hnston	
Mailing Address 1	Mailing Address ↓ ↓	NNO TON	
Mailing Address 1320 110 St. St.	Manny Address + +		
	City, Ştate ↓ ↓ Zip Code ↓ ↓	<del></del>	
Diagonal Four 50845	Diagonal To	588VS	_
Phone (641) 734-5718	1 3	•	
Prione (611) /3 7 3 // 0	Phone (641) 734 - 53	61	·
e-Mail	e-Mail		
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv	cote for/against candidate(s)	worte for ballet ice	(2)
Comment or description:	Ad	vocate for ballot iss vocate against ball	ot incurate)
All Candidates Enter:	County/Local Candidates an	vocate against ball ed Local Ballot Co	mmittees Enter
Office Sought: County Auditor			The state of the s
Political Party (if applicable)Democka+	County: Ringao	<u>d</u>	
Political Party (ii applicable) 100 m 80 RG 1	(If active in multiple ballot Issu	e elections, attach	list of counties
District:	Date of Election: No Y	1 X	
Year Standing for Election: 2008	Date of Election		
Bank Account Name (must match committee name)	Candidate name & Address or Pa	rent Entity (PACs	if applicable),
Bank Account Name (must match committee name)		rent Entity (PACs filiate, or Sponsor	
Fletcher for Auditor Fletcher	∆f	filiate, or Sponsor	
Fletcher for Auditor Fletcher	Shawna		
Fletcher for Hudi for Fletcher  Name of Financial Institution/type of Account	∆f	filiate, or Sponsor	
Sank Account Name (must match committee name)  Fletcher for Audi to R Fletcher  Name of Financial Institution/type of Account  First Federal Checking	Shawna Mailing Address 11044	fillate, or Sponsor Fletche	
Bank Account Name (must match committee name)  Fletcher for Audi to R Fletcher  Name of Financial Institution/type of Account  First Federal Checking  Mailing Address +	Shawna Mailing Address 11044	filiate, or Sponsor	
Bank Account Name (must match committee name)  Fletcher for Audi to R Fletcher  Name of Financial Institution/type of Account  First Federal Checking  Mailing Address +	Shawna Mailing Address  1370 110  City	Fletche  State	Zip ↓ ↓
Bank Account Name (must match committee name)  Fletcher for Audi for Fletcher  Name of Financial Institution/type of Account  First Federal Checking  Mailing Address   1  110 West Madison	Shawna  Mailing Address  1370 110  City  Di Agonal	Fletche  State      Towp	Zip ↓ ↓
Bank Account Name (must match committee name)  Fletcher for Audi for Fletcher  Name of Financial Institution/type of Account  First Federal Checking  Mailing Address +   1/0 West Madison  City + State + Zip +   State + Zip +   Mailing Address +   Mailing Address +   State + Zip +   Mailing Address +   Mai	Shawna Mailing Address  1370 110  City	Fletche  State      Towp	Zip ↓ ↓
Bank Account Name (must match committee name)  Fletcher for Audi for Fletcher  Name of Financial Institution/type of Account  First Federal Checking  Mailing Address   1  110 West Madison	Shawna  Mailing Address  1370 110  City  Di Agonal  Phone (641) 414-54	Fletche  State      Towp	Zip ↓ ↓
Bank Account Name (must match committee name)  Fletcher for Audi for Fletcher  Name of Financial Institution/type of Account  First Federal Checking  Mailing Address +   1/0 West Madison  City + State + Zip +   State + Zip +   Mailing Address +   Mailing Address +   State + Zip +   Mailing Address +   Mai	Shawna  Mailing Address  1370 110  City  Di Agonal	Fletche  State      Towp	Zip ↓ ↓
Bank Account Name (must match committee name)  Fletcher for Audi to R Fletcher  Name of Financial Institution/type of Account  First Federal Checking  Mailing Address  1/0 West Madison  City + State + Zip + Fown 50854	Shawha  Shawha  Mailing Address  1370 110  City  Di Agonal  Phone (641) 414-54  e-Mail	Fletche  State      Towp	Zip ↓ ↓
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Bank Account Name (must match committee name)  Fletcher for Audi to R Fletcher  Name of Financial Institution/type of Account  First Federal Checking  Mailing Address  1/0 West Madison  City	Shawna  Mailing Address  1370 110 4  City  Phone (641) 414-54  e-Mail  ms the following:	Fletche  State 1 1  Towa 33	zip ↓ ↓ 50845
Bank Account Name (must match committee name)  Fletcher for Audi to R Fletcher  Name of Financial Institution/type of Account  First Federal Checking  Mailing Address  1/0 West Madison  City + State + Zip + Fown 50854	Shawna  Mailing Address  1370 110 4  City  Phone (641) 414-54  e-Mail  ms the following:	Fletche  State 1 1  Towa 33	zip ↓ ↓ 50845
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Bank Account Name (must match committee name)  Fletcher for Audi for Fletcher  Name of Financial Institution/type of Account  First Federal Checking  Mailing Address  Mailing Address  Town State J Zip  Mount Aug Town 50854  STATEMENT OF AFFIRMATION: By filling this document the committee affirm 1. The committee and all persons connected with the committee understand that rules in Chapter 351 of the lowa Administrative Code.  That lowa Code section 68A.402 and rule 351—4.9 require the filling of disclosure.	Mailing Address  Mailing Address  13 20 110  City  Phone (641) 414-54  e-Mail  They are subject to the laws in lowa Code  they are subject to the laws in lowa Code  are reports and that the failure to file these  they are subject to the laws in lowa Code	Fletche  State      Town  33	Zip ↓ ↓ 50845  68B and the administrative
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